DOCUMENT RESUME

ED 363 987 EC 302 555

AUTHOR Thomas, Jan
TITLE Children Exposed to Drugs: What Policymakers Can Do. SERVE Policy Brief.
INSTITUTION SERVE: SouthEastern Regional Vision for Education.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
PUB DATE Aug 93
CONTRACT RP91002010
NOTE 9p.
AVAILABLE FROM SERVE, Florida State University, 345 South Magnolia Dr., Suite D-23, Tallahassee, FL 32301-2950 ($1).
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Alcoholism; Congenital Impairments; Drug Abuse; Early Intervention; Elementary Secondary Education; Government Role; Identification; *Incidence; Intervention; Needs Assessment; Policy Formation; Pregnancy; *Prenatal Influences; Preschool Education; Program Development; *Public Policy; Social Problems; *Substance Abuse; Teacher Role
IDENTIFIERS *Drug Exposed Children; *Fetal Drug Exposure

ABSTRACT

This policy brief addresses the current and future impact of substance abuse by pregnant women on their infants and children. It provides data on incidence estimates in 1985, 1989, 1995, and 2000. Findings of studies in Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina provide documentation for varying incidence estimates. Common consequences of maternal substance abuse are identified and documented, including low birthweight (and its attendant educational implications) and greater numbers of infants and children in the foster care system. A chart lists 10 key obstacles to serving these children, identified in a recent study. These include inconsistent identification practices and absence of a community wide case tracking system, narrowly defined eligibility criteria for developmental services, and the precarious state of child welfare systems. Principles on which to base policy in this area are suggested, focusing on the importance of family centered interventions, the diversity of the drug exposed population, and the need for greater teacher involvement. Specific suggestions are then given for policymakers at three levels: (1) the national level (e.g., increase investments in prenatal and early childhood health care programs); (2) the state level (e.g., establish demonstration preschool programs; and (3) the local level (e.g., provide families with training in parenting, stress management, and nutrition). (Contains 18 references.) (DB)

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SERVE Southeastern Regional Vision for Education

Policy Brief

Children Exposed to Drugs: What Policymakers Can Do

August 1993

Jan Thomas, Ph.D.

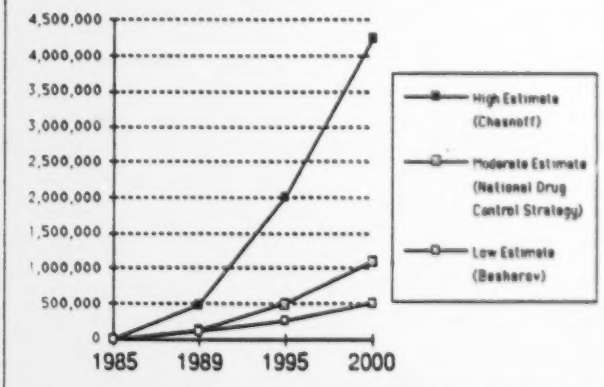
ED 363 987

THE IMPACT OF SUBSTANCE EXPOSURE

Studies of the prevalence of drug use by women during pregnancy are virtually nonexistent. The primary method for determining the number of drug-exposed children is through urine toxicology screening of newborns. But screening and reporting procedures vary from state to state and even from city to city within a state. As a result, there is no clear picture of the number of children who have been born with the devastating, heartbreaking effects of prenatal drug exposure. A generally accepted estimate by researchers is that one newborn in ten has been prenatally exposed to drugs. Schools have already begun to feel the effects of this problem, and the number of children needing intense, multifaceted interventions is multiplying rapidly—an estimated 300,000 "first wave" crack cocaine-exposed babies have now reached school age and entered the school system.

Estimates of the numbers of drug-exposed children who will be born by the end of the century in the United States are shown in Chart 1.

Chart 1
Projected Numbers of Drug-Exposed Children



Source: Office of Inspector General, 1990.

Individual and local studies conducted in the SERVE states (Alabama, Florida, Georgia, Mississippi, North Carolina, and South Carolina) illustrate the magnitude of the problem in the Southeast:

ALABAMA—In a 1991 study of over 6,000 women in Alabama, 8.4 percent of the pregnant women tested positive for drugs (Alabama Department of Public Health, 1991).

FLORIDA - In a 1990 study in Pinellas County, 15 percent of the 715 women screened tested positive for cocaine, marijuana, opiates, and/or alcohol (Harpring, 1990).

GEORGIA—In 1991, approximately 15 percent of the children born at Grady Hospital in Atlanta tested positive for prenatal exposure to drugs (Whitford, 1992).

MISSISSIPPI—According to officials with the Mississippi Department of Health, approximately seven percent of the 2,628 pregnant women screened in a 1992 study reported using drugs during their pregnancy.

NORTH CAROLINA—In a 1992 study of ten hospitals in North Carolina, 1.3 percent of the women delivering babies showed evidence of recent (up to three days prior) cocaine use and 1.7 percent tested positive for recent (up to 30 days prior) marijuana use (Bowling, Truax, & Scandlin, 1992).

SOUTH CAROLINA—A South Carolina report estimates that roughly one in four babies is born to a mother who uses alcohol or illicit drugs during pregnancy (MICH Council, 1992).

Additionally, research in the region has revealed some interesting related facts:

ALABAMA/SOUTH CAROLINA—Studies in both Alabama (George, Price, Hauth, Barnette, & Preston, 1991) and South Carolina (MICH Council, 1992) found virtually no difference between urban and rural drug use among women of childbearing age.

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FLORIDA—Sixty-four percent of the mothers of Florida's substance-exposed babies received no prenatal care (Zervigon-Hakes & Lockenbach, 1991).

SOUTH CAROLINA/FLORIDA—In South Carolina, white women were more than twice as likely to use marijuana as African-American women (MICH Council, 1992); in Pinellas County, Florida, no significant differences were found in the rates of drug use between the two groups (Harpring, 1990).

COMMON CONSEQUENCES

Children who have been prenatally exposed to alcohol and other drugs often suffer two common consequences, both of which have implications for educators and policymakers. One consequence is low birthweight (defined as less than 5.5 pounds). Babies who were prenatally exposed to drugs are four times more likely than other babies to be born with below-normal weights (Newman & Buka, 1990). As Chart 2 shows, southeastern states have among the highest rates of low birthweight babies in the United States, with Mississippi ranked highest of the 50 states. As the chart illustrates, Georgia is the only SERVE state in which the number of low birthweight babies decreased over the last decade.

Chart 2
Low Birthweight Babies in the Southeast

State	Percent Born in 1980	Percent Born in 1989	National Rank
AL	7.9	8.3	5
FL	7.6	7.7	11
GA	8.6	8.3	5
MS	8.7	9.4	1
N. C.	7.9	8.1	7
S. C.	8.6	9.2	2
U.S.	6.8	7.0	—

Source: Center for the Study of Social Policy, 1992.

Although drug exposure is not the only cause of low birthweight, it is a contributor to these high rates, and low birthweight, regardless of the cause, has an impact on education. It is important to consider the educational implications of low birthweight. Children born with below-normal birthweight (see next column)

- often have neurodevelopmental handicaps, including cerebral palsy and seizure disorders, that are linked with learning disabilities and behavioral problems in the classroom;
- are more likely to have problems such as delayed speech and language development, cognitive disorders, attention deficits, and hyperactivity, which lead to poor school performance; and
- are more susceptible to chronic respiratory problems that can interfere with school attendance.

A second common consequence of substance abuse is that more infants are entering the foster care system, and children are staying in foster care longer than in the past (Feig, 1990). According to the Select Committee on Children, Youth, and Families (1989), substance-exposed children account for 60-75 percent of foster care caseloads in the nation. By the time they reach school age, many prenatally exposed children have lived in three different households—typically their mother's, grandmother's, and a foster home (Cole et al., 1989). Today, more than 2,700,000 of the nation's children live in foster care, with relatives, or in non-family care (Center for the Study of Social Policy, 1993). Chart 3 depicts the number and percentage of children in the Southeast living outside their family's home.

Chart 3
Children Under Age 18 Not Living with a Parent 1990

State	Number of Children	Percent of Children
AL	49,271	4.6
FL	158,223	5.5
GA	86,753	5.0
MS	38,627	5.2
NC	76,511	4.8
SC	47148	5.1
Total	456,533	-
U.S.	-	4.3

Source: Center for the Study of Social Policy, 1993.

If current trends continue, over one million children will be placed in foster care alone by the year 2000 and another two million will be in other non-family care (Select Committee on Children, Youth, and Families, 1990).

Damage from drugs can result from environmental exposure as well as prenatal exposure. Environment plays a critical role in the development of a substance-exposed child. While statutory definitions of *at-risk* differ from state to state, a child is generally considered to be developmentally at-risk if he or she is

- under the care of a parent of guardian who is unable to perform adequate parenting functions (due to such problems as inadequate financial resources, psychological dysfunction, incarceration, or substance abuse);
- homeless, living in a home environment lacking adequate physical resources, living in foster or shelter care, or institutionalized;
- born to a teen mother; or
- a victim (or the sibling of a victim) of abuse or neglect (Dowd & Graham, 1989).

A substance-exposed child's environment often meets several of these criteria. And children–prenatally exposed to drugs or not–who grow up in chaotic or abusive environments or are moved from one foster home to another, are unlikely to thrive physically, intellectually, socially, or emotionally. But if these children can be placed where they can grow up in supportive, safe, and stable homes, they have an excellent chance for healthy development.

Children who are prenatally or environmentally exposed to drugs bring to school a host of problems that are challenging the expertise of educators and straining already overburdened educational resources. According to former Secretary of Health and Human Services, Louis Sullivan (1990), soon an average of two children in every classroom in Florida will be substance-exposed; the cost to educate such children is up to four times that of an average child. If current trends continue, children exposed to drugs may one day comprise 60 percent of the students in some inner-city schools.

POLICY ISSUES

The U.S. Department of Health and Human Services conducted a study of community programs to identify key obstacles to serving drug-exposed children and their families. The results of this study can be helpful to policymakers identifying program, policy, and research issues. Ten key obstacles were identified and are presented in Chart 4.

Chart 4
Service Delivery Obstacles for Drug-Exposed Children and Their Families

(1) Inconsistent identification practices and absence of a community-wide case tracking system

(2) Inadequate assessment tools to measure problems and risks

(3) Narrowly defined eligibility criteria for developmental services

(4) Limited knowledge of the long-term effects of prenatal drug exposure

(5) Multiple and interrelated problems experienced by families

(6) Precarious state of the child welfare system

(7) High caseloads for child welfare caseworkers and public health nurses

(8) Absence of a lead agency to coordinate efforts

(9) Absence of a single source of long-term flexible funding

(10) Inability of existing drug treatment programs to meet the needs of women and their children

Source: U.S. Department of Health and Human Services, 1991.

When designing policies to deal with these obstacles, it is helpful to consider some key issues related to the topic:

Interventions for children exposed to drugs should be part of family-centered interventions. The development of a child born prenatally exposed to drugs is determined largely by the child's home environment. Supportive, safe, and stable homes have a positive effect on children's development; unsafe or unstable homes have a negative impact. Accordingly, programs designed to assist children who are substance-exposed should be accompanied by interventions that address family issues, such as enhanced parenting skills and improved home environments.

Drug-exposed children are a diverse group. Damage from prenatal exposure to cocaine, alcohol, and other drugs varies considerably, reflecting differences in the child's constitution and environment as well as factors present at birth. Therefore, assessments and interventions should be designed to meet individual children's needs rather than those of a "typical" substance-exposed child.

Environmental factors can have the same harmful effects on children as prenatal exposure to alcohol and other drugs. Children of substance-abusing parents may have numerous learning and behavioral problems whether they are born to drug-using mothers or raised by drug-using caretakers. Therefore, intervention programs should include children who are growing up in drug-abusing environments as well as children who were prenatally exposed to drugs.

Teachers of children exposed to drugs should be prepared to deal with non-traditional families. Many children exposed to drugs do not live with their biological parents. Often, their "parents" are grandparents, foster parents, aunts and uncles, older siblings, or neighbors.

Teachers and other professionals who have been trained to respect parents' primary leadership role in children's lives must recognize that the substance-abusing parent may not be able to assume this role. Teachers may need to assume a vital role in a substance-exposed child's life, ensuring that not only the child's educational needs are met but that his or her emotional needs are met as well. Teachers should also be prepared to work with other professionals to ensure that children's safety, nutritional, and other basic needs are met.

Policymakers at all levels can play important roles in addressing the problems of substance exposure. Below are some suggestions that policymakers may want to consider.

THE NATIONAL LEVEL

- Develop comprehensive, uniform policies on drug screening of pregnant women and newborns
- Coordinate national intervention efforts addressing drug exposure, and continue efforts to eliminate barriers to early intervention
- Increase investments in prenatal and early childhood health care programs
- Address the critical shortage of professionals trained to provide early intervention services
- Subsidize research on effective drug treatment techniques, drug screening of pregnant women and prenatally exposed children, interventions for drug-exposed children and drug-involved families, and educational strategies for substance-exposed children
- Establish a source of long-term, flexible funding to help local efforts meet the current and future needs of drug-exposed children and their families
- Call for full implementation of the Education of the Handicapped Act Amendments of 1986/Public Law 99-457 and expand the criteria for "at risk" to ensure the eligibility of substance-exposed children for early intervention services

THE STATE LEVEL

- Establish a continuum of services so that prenatally exposed children and their families can receive the services they require
- Establish a system for tracking prenatally exposed children so all schools and agencies involved in their care have up-to-date information on their status, can project service needs and costs, and can verify the outcomes of interventions
- Continue to expand outreach efforts to rural families and other underserved populations

- Improve systems supports for the placement of substance-exposed children with relatives or foster parents, when appropriate

- Establish demonstration preschool programs for drug-exposed children

- Give hospitals sufficient legal power and financial resources to enable them to care for substance-exposed infants until the infants are medically and socially ready for discharge

- Provide substance-exposed children stable homes by establishing policies favoring permanent guardianships and other alternatives to foster care and minimizing barriers to adoption through revision of existing laws and policies on abandonment, the termination of parental rights, and interracial placement

- Construct more drug-abuse treatment facilities, especially for pregnant and parenting women, and establish demonstration preschool programs for drug-exposed children

- Apply a prevention/intervention-driven (rather than crisis-driven) approach to child welfare

- Establish policies to ensure that child welfare staff have training in how to identify drug-exposed children, and reduce their caseloads to enable them to provide the intensive, long-term interventions required by drug-involved families

- Encourage the location of health and social service agencies at schools to provide for support for the families of children exposed to drugs

THE LOCAL LEVEL

- Develop and implement prevention campaigns to address all substances that affect babies and pregnant women, including alcohol and tobacco

- Provide intensive early childhood programs for substance-exposed infants and their parents/caretakers

- Provide family-focused interventions, including training in parenting, stress management, and nutrition

- Improve access to services by providing transportation, day care, and other assistance

- In compliance with the Education of the Handicapped Act Amendments of 1986, expand community-based early childhood programs to train parents, teachers, and others to help children with handicaps

In summary, it is apparent that drug exposure in children is a serious problem with significant implications for educators and policymakers. Whether they are the victims of prenatal drug exposure, environmental exposure from living with substance-abusing families, or both, these children have a wide range of symptoms, including intellectual and social-emotional problems, that can put them at risk for school failure. However, researchers are finding that efforts to mitigate the damage from exposure to drugs are proving effective with these children. They are responding so well to early interventions and appropriate teaching techniques that most are capable of functioning well in regular classrooms.

Meeting the needs of children exposed to drugs must become a priority. Timely intervention and coordinated care, including medical, socio-emotional, and educational efforts, can help reduce the damage from prenatal drug exposure and create healthy home environments for drug-exposed children and their families.

REFERENCES

Alabama Department of Public Health. (1991). *Prevalence of substance use detected among ADPH childbearing-age women, 1991*. (Available from Alabama Department of Public Health, Division of Maternal and Infant Care, 434 Monroe Street, Montgomery, AL 36130-1701.)

Bowling, J.M., Truax, J., & Scandlin, D. (1992). *Pilot study to determine the incidence of substance use at delivery in North Carolina tertiary centers.* (Available from North Carolina Department of Environment, Health, and Natural Resources, P.O. Box 29538, Raleigh, NC 27626-0538.)

Center for the Study of Social Policy. (1992). *Kids count data book*. Washington, DC: Author.

Center for the Study of Social Policy. (1993). *Kids count data book*. Washington, DC: Author.

Cole, C. K., Ferrara, V., Johnson, D. J. Jones, M. W., Schoenbaum, M. B., Tyler, R., Wallace, V. R., & Poulsen, M. K. (1989). *Today's challenge: Teaching strategies for working with young children at risk due to prenatal substance exposure*. (Available from Midwest Regional Center for Drug-Free Schools and Communities, 1900 Spring Road, Suite 300, Oak Brook, IL.)

Dowd, D., & Graham, M. (1989). *Prevention of handicapping conditions in Florida's infants and toddlers: A proposed definition of at-risk*. Tallahassee: Florida Department of Health and Rehabilitative Services.

Feig, L. (1990). *Drug-exposed infants and children: Service needs and policy questions*. Washington, DC: Department of Health and Human Services. (ERIC Document Reproduction Service No. ED 327 336)

George, S. K., Price, J., Hauth, J. C., Barnette, D. M., & Preston, P. (1991). Drug abuse screening of childbearing-age women in Alabama public health clinics. *American Journal of Obstetrics and Gynecology, 165*, 924-927.

Harpring, J. (1990). *Cocaine babies: Florida's substance-exposed youth*. Tallahassee: Florida Department of Education.

Maternal, Infant, and Child Health Council. (1992). *1991 South Carolina prevalence study of drug use among women giving birth*. Columbia, SC: Author.

Newman, L., & Buka, S. (1990). *Every child a learner: Reducing risks of learning impairment during pregnancy and infancy*. (Available from Education Commission of the States, Distribution Center, 707 17th Street, Suite 2700, Denver, CO 80202-3427.)

Office of Inspector General. (1990). *Crack babies* (Report No. OEI-03-89-01540). Philadelphia: Department of Health & Human Services.

Select Committee on Children, Youth, & Families. (1989). *Addicted infants and their mothers*. Washington, DC: U.S. House of Representatives.

Select Committee on Children, Youth, & Families. (1990). *No place to call home*. Washington, DC: U.S. House of Representatives.

Sullivan, L. W. (1990, September). *Drug-exposed babies*. Paper presented at the Conference on Managing the Impact of Drugs on Infants, Young Children, and Their Families, Washington, DC.

U.S. Dept. of Health and Human Services. (1991). *Programs serving drug-exposed children and their families, Vol. I: Cross-site findings and policy issues*. Washington, DC: Author.

Whitford, E. (1992, December 20). A mother's fear: "I don't want my baby to get high." *The Atlanta Journal/The Atlanta Constitution*, pp. H1, H3.

Zervigon-Hakes, A., & Lockenbach, R. (1991). *Florida's children: Their future is in our hands*. Tallahassee: Florida Developmental Disabilities Planning Council.

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This document was produced with funds from the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. RP91002010.

SERVE
SouthEastern Regional Vision for Education

Florida State University
345 South Magnolia Drive
Suite D-23
Tallahassee, FL 32301-2950